



Medicaid Expansion 2014 Proposed Renewal and Post- Eligibility Case Review Process

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Health Care Authority
Eligibility, Policy and Service Delivery

Welcome!

Medicaid Expansion 2014 Overview

Medicaid Expansion 2014 Overview

Effective January 1, 2014, Medicaid will be expanded to include individuals between the ages of 19 up to 65 with income up to 138% FPL based on Modified Adjusted Gross Income (MAGI). The expansion also moves children, pregnant women and adults with dependent children to the new MAGI methodology. Below is a broad overview of changes to be implemented under the Affordable Care Act in 2014:

WHO IS ELIGIBLE FOR MEDICAID/CHIP	
CURRENT	JANUARY 2014
<p>Today there are approximately 1.2 million individuals receiving benefits under Medicaid. This includes the following groups:</p> <ul style="list-style-type: none"> • Pregnant Women, Children & Families • Aged, Blind or Disabled individuals and those receiving Medicare Savings Program • All other: Breast & Cervical Cancer Treatment (BCCTP), Alien Emergency Medical (AEM), Medical Care Services and Take Charge 	<p>In addition to the current Medicaid caseload - beginning in January 2014, the "newly eligible" adult group will be added to Medicaid which includes:</p> <ul style="list-style-type: none"> • Adults between the ages of 19 up to 65 previously not eligible for Medicaid • Anticipated enrollment in the first years - up to 500,000 individuals
WHERE MEDICAID ELIGIBILITY IS DETERMINED	
CURRENT	JANUARY 2014
<p>Eligibility for medical benefits is currently determined by medical assistance and financial staff as follows:</p> <p><u>ADSA</u></p> <ul style="list-style-type: none"> • Aged, Blind or Disabled and Long-Term Care • Waivered Services <p><u>ESA</u></p> <ul style="list-style-type: none"> • Children, Pregnant Women & Families • Some Long-Term Care and Aged, Blind or Disabled • Some Specialty Medical Programs – HWD and AEM <p><u>HCA</u></p> <ul style="list-style-type: none"> • BCCTP and Take Charge • Foster Care, Children's Medical and CHIP 	<p>In 2014, medical coverage will be separated in to two groups:</p> <ul style="list-style-type: none"> • MAGI Methodology • Classic Medicaid <p><u>MAGI Methodology</u> Applications/renewals for pregnant women, children, families and the "newly eligible" adult group will be processed through the Exchange web portal. Eligibility will be determined through an automated data-match process.</p> <p><u>"Classic Medicaid"</u> Eligibility for aged, blind or disabled individuals, foster care children and SSI recipients will continue to be processed as it is today.</p>

Medicaid Expansion 2014 Overview

WHAT SYSTEMS WILL DETERMINE ELIGIBILITY	
CURRENT	JANUARY 2014
<p>Medical eligibility is currently determined through:</p> <ul style="list-style-type: none"> • ACES eligibility system • Washington Connection application web portal 	<p>Health Benefit Exchange web portal:</p> <ul style="list-style-type: none"> • Creation of a new online application system for healthcare coverage • Includes a new rules engine for Medical • For individuals between 0% - 400% FPL
HOW MEDICAID ELIGIBILITY IS ESTABLISHED	
CURRENT	JANUARY 2014
<p>Medical eligibility is determined by financial staff through a stringent income & resource verification process as follows:</p> <ul style="list-style-type: none"> • Income verification for applications and renewals is required. If verification is not available, staff must pend the case for verification before finalizing the eligibility determination. • Resource limits required for all programs (except Pregnancy/Children) • Multiple income disregards based on medical program • Eligibility information is entered by financial staff and processed through ACES 	<p>MAGI households will have eligibility determined as follows:</p> <ul style="list-style-type: none"> • Income and household eligibility will mirror federal tax filing rules • Income verification through automated data-match • Acceptance of "self-attestation" when income cannot be verified through automated data-match • One 5% income disregard for all programs • No resource/asset limits • Information is entered by the applicant in to the Exchange web portal for an eligibility determination
HOW ELIGIBILITY QUALITY ASSURANCE IS MAINTAINED	
CURRENT	JANUARY 2014
<p>Today income must be manually verified by financial staff prior to completion of:</p> <ul style="list-style-type: none"> • Application • Renewal • Change of Circumstances <p>Medicaid overpayments are only established when involving criminal prosecution.</p>	<p>HCA will manage a strong "post-Medicaid" eligibility data matching and review process.</p> <p>Verification of income will only be required of households when:</p> <ul style="list-style-type: none"> • "Self-attestation" is not reasonably compatible with automated data-match; or • No automated data-match is available

Agenda

Eligibility Process Review

- **Renewal**
- **Post-Eligibility Case Review**

Renewal Process

- **Administrative Renewal**
- **Renewal w/o Auto-Recertification**
- **Draft Renewal Letters/Notices**
- **Draft Renewal WAC**

Renewal Process

60 days prior to the end of the certification period

- The Exchange web portal calls the Eligibility Service Rules Engine for an eligibility renewal decision
- The Eligibility Service Rules Engine compares the information on file with available data sources
- Client is sent a notice and a summary of eligibility results on file

Administrative Renewal

- If the self-attested income is reasonably compatible with the Eligibility Service Rules Engine data match, then the client is recertified for 12 months
- Client is sent a renewal notice which includes a summary of the self-attested income confirmed by the data match
- Client is asked to respond only if there are changes to report such as income and household composition.

Draft Administrative Renewal Notice

State of Washington
Health Benefit Exchange

November 1, 2014

John Smith
6677 Capitol Way
Olympia WA, 99999

HOH ID # 123-456-789

Subject - **Washington Apple Health Renewal**

Dear John Smith,

□

We have reviewed your eligibility and we have renewed Washington Apple Health for:

	Begin Date	End Date
Jr. Smith	01/01/2015	12/31/2015

For Washington Apple Health with Premium you must pay a monthly medical premium of \$20.00.

If you get three (3) months behind in your premium payments, we will stop your child's Washington Apple Health premium program coverage. Your child will be able to get coverage again if you pay the back premiums owed or your household income decreases to the point where your children would be eligible for Washington Apple Health with no premium obligation.

An American Indian, Alaska Native, or pregnant child is not required to pay premiums. If you are paying premiums for one of the above, contact Washington Healthplanfinder to update the individual's status (see "How to Contact Washington Healthplanfinder").

Decision Review

Please review the attached insert listing the information we used to determine you are still eligible for Washington Apple Health.

If the information listed is correct and you would still like Washington Apple Health, you do not need to respond to this letter.

Draft Administrative Renewal Notice

State of Washington
Health Benefit Exchange

If any of the information is incorrect, report the changes or corrections by doing one of the following:

- Go online through the < Washington Healthplanfinder Placeholder>;
- Call < Washington Healthplanfinder Phone Number Placeholder >; or
- Make changes on the attached insert, sign, and mail or fax to:
 < Washington Healthplanfinder Mailing Address Placeholder >
 < Washington Healthplanfinder Fax Placeholder>

Appeal Rights

If you disagree with the decisions above you have the right to appeal. See the attached information about your appeal rights. There are deadlines to appeal so you should act quickly.

How to Contact Washington Healthplanfinder

Contact us if you have any questions about this letter. Let us know if you need help applying for or accessing your health insurance due to a disability. You can contact us in any of the following ways:

- Online at < Washington Healthplanfinder Website Placeholder >;
- By calling < Washington Healthplanfinder Phone Number Placeholder and TTY Number Placeholder>;
- By Fax < Washington Healthplanfinder Fax Number Placeholder>;
- By mail at < Washington Healthplanfinder Mailing Address Placeholder >;
- By email @ < Washington Healthplanfinder email placeholder>;
- By calling <Navigator number Placeholder> to find a navigator in your area for assistance; or
- You can drop off an application, renewal form, or any other documents requested by the Exchange at a local Community Service Office. To locate the nearest Community Service Office, call the Washington Healthplanfinder number above or go online at <http://www.dshs.wa.gov/onlinecso/findservice.shtml>.

Sincerely,

Washington Healthplanfinder

Draft Renewal Summary

State of Washington
Health Benefit Exchange

Current Account Information

Please check the information below that we have on file. You can update this information on line. If you choose to reply by mail, please write the information that has changed in the "Updated Information" column.

Head of Household

	Current Information	Updated Information
First Name	John	
Middle Initial		
Last Name	Smith	
Social Security number	XXX-XX-1234	
Date of Birth	02/10/1977	

Physical Address

	Current Information	Updated Information
Address Line 1	6677 Capitol Way	
Address Line 2		
City	Olympia	
State	WA	
County	Thurston	
Zip Code	99999	

Mailing Address

	Current Information	Updated Information
Address Line 1	6677 Capitol Way	
Address Line 2		
City	Olympia	
State	WA	
County	Thurston	
Zip Code	99999	

Draft Renewal Summary

State of Washington
Health Benefit Exchange

Contact Information

	Current Information	Updated Information
Phone Number	360-111-1111	
Alternate Phone Number		

Language

	Current Information	Updated Information
Preferred Written Language	English	
Preferred Spoken Language	English	

If you no longer want coverage for anyone named below, please cross out that name and write why you no longer want coverage for them. If any other information for these household members has changed, please write it in the line below their name.

Existing Household Members

Name	Gender	SSN	DOB	Still Need Coverage? (if not, why not)	Residing with HOH	Race(s)
John Smith	M	XXX-XX-1234	02/10/1977		Yes	White
Updated Information for John Smith						
Jane Smith	F	XXX-XX-1235	05/15/1978		Yes	White
Updated Information for Jane Smith						
Jr. Smith	M	XXX-XX-1236	08/04/1999		Yes	White
Updated Information for Jr. Smith						

Draft Renewal Summary

State of Washington
Health Benefit Exchange

Please add the names of anyone not listed who is new in your home.



New Household Members

Name	Gender	SSN	DOB	Need Coverage	Residing with HOH	Race(s)

Tax Status

	2013	2014	2015
John Smith	Married filing taxes together	Married filing taxes together	Married filing taxes together
Updates for John Smith			
Jane Smith	Married filing taxes together	Married filing taxes together	Married filing taxes together
Updates for Jane Smith			
Jr. Smith	Tax Dependent	Tax Dependent	Tax Dependent
Updates for Jr. Smith			

Tax Status for New Household Members

	2013	2014	2015

Draft Renewal Summary

State of Washington
Health Benefit Exchange

Relationships

Current Relationship Status

John Smith	Primary Applicant
Updates for John Smith	
Jane Smith	Spouse
Updates for Jane Smith	
Jr. Smith	Child
Updates for Jr. Smith	

Relationships for New Household Members

Name

Relationship to Head of Household

Draft Renewal Summary

State of Washington
Health Benefit Exchange

Additional Questions

(Washington Healthplanfinder will contact you for additional information)

	Y/N	Updates? (Y/N)
Are all members on this application US citizens?	Y	
Is any member on this application affiliated with a tribe?	N	
Is any member on this application currently incarcerated?	N	
Does any member on this application use tobacco products?	N	
Is any member on this application currently pregnant?	N	
Is any member on this application currently living in a medical facility?	N	
Does any member on this application have other health insurance?	N	
Are all members on this application residents of WA?	Y	

Last Confirmed Income

	Type of Income/Deduction	Monthly Income/Deductions Amount
John Smith	Wages from Employment	\$3400.00
Jane Smith		
Jr. Smith		
Total Household Income		\$3400.00

Draft Renewal Summary

State of Washington
Health Benefit Exchange

Income/Deduction Updates including new household members reported

Income	Member with Income/Deduction	Monthly Income/ Deduction Amount	Frequency (such as weekly/monthly)
Wages from employment			
Self-employment			
Dividend payments (stock/shares)			
Rental Income			
Unemployment/ Workers Compensation			
Social Security or Railroad benefits			
Veterans or Military benefits			
Pension, Annuity or IRA income			
Tribal gaming income			
Deductions			
Student tuition and fees			
Health Savings Account contribution			
Alimony/pre-tax retirement contributions/student loan interest/moving costs			
Self-employment Deductions			
Self-employment tax			
Self-employment retirement plan contributions			
Self-employment health insurance premiums			

READ CAREFULLY

I have read and understand the information in this review. I declare, under penalty of perjury, the information I gave in this review is true, correct, and complete to the best of my knowledge.

Primary Applicants Name: John Smith

Primary Applicant Signature: _____ Date

Draft Renewal Approval Documents

- Coverage, Rights & Responsibilities
- Appeal Rights & Deadlines
- Notice of Privacy Practices

Coverage, Rights & Responsibilities

State of Washington
Health Benefit Exchange

Information about your coverage, rights, and responsibilities

- Change Reporting Requirements.
- Washington Apple Health Plan Information
- Mental Health Benefits.
- The Women, Infants, and Children Nutrition Programs (WIC).
- Appeal Rights, Deadlines and Appeal Forms.
- Notice of Privacy Practices.

Change Reporting Requirements

Washington Healthplanfinder and Washington Apple Health require you to report changes that may affect your eligibility and enrollment.

If you are enrolled in a Qualified Health Plan (QHP) through Washington Healthplanfinder or Washington Apple Health you must report changes below within 30 days (WAC 182-504).

No matter what kind of health care coverage you receive, you must let us know about changes in:

- Residential address;
- Mailing address;
- Marital status of any person in the home;
- Persons moving in or out of your home, or who is in your tax filing unit;
- Pregnancy status of any person in the home;
- Incarceration or institutional status;
- Health insurance coverage including Medicare eligibility;
- Immigration or citizenship status;
- Income of \$150 or more a month that is expected to continue for at least two months;
- Federal income tax filing status; or
- The number of tax dependents claimed on federal income taxes.

If you and your household are only enrolled in Washington Apple Health pregnancy or children's coverage, you are exempt from reporting the following until the next renewal:

- Income changes of \$150 or more a month that are expected to continue for at least two months;
- Federal income tax filing status; or
- The number of tax dependents claimed on federal income taxes.

Coverage, Rights & Responsibilities

State of Washington
Health Benefit Exchange

Health Plan Information

You can change your managed care plan anytime during the year. Changing health plans may mean changing doctors. Check with your doctor before you change plans.

You can change your managed care plan at <<https://www.waproviderone.org/client>>.

If you have questions about your health plan call the Customer Service Center at 1-800-562-3022 or dial 711 for Washington Relay Service. If you want to know more about your benefits, see you're "Healthy Options Medical Benefit Book". It covers your medical benefits, covered services, and your health care rights.

Print a copy of the benefit book at: < <http://hrsa.dshs.wa.gov/publications/documents/22-542.pdf>>.

Mental Health Benefits

You can request the following information by contacting the Regional Support Network (RSN) or the Community Mental Health Agency (CMHA) in your area.

- Available crisis services, emergency services, and aftercare.
- A list of each of the RSNs, the counties they serve, and their contact information.
- A list of the mental health professionals in your area including their contact information, specialty, and the non-English languages available.
- A copy of your mental health care rights.
- An explanation of the mental health benefits available to you.
- How to obtain an authorization when needed.
- How to request care not offered in your RSN area.
- How to receive help with transportation to your appointments.
- How to file a grievance, appeal, or administrative hearing.
- How to receive help completing Mental or Medical Health Advance Directive forms.
- How to file a complaint if you feel your directive wasn't followed.

An enrollment booklet is available at <<http://www.dshs.wa.gov/pdf>

The Women, Infants and Children Nutrition Program (WIC)

WIC is a special nutrition program to improve the health of pregnant women, new mothers, infants and children under the age of five years. It is quick to find out if you are eligible on line at <http://parenthelp123.org/benefit-finder> or over the phone by calling the Family Health Hotline at 1-800-322-2588.

Appeal Rights & Deadlines

State of Washington
Health Benefit Exchange

Washington Apple Health Appeal Rights and Deadlines

- Washington Apple Health individuals have the right to an administrative hearing if they disagree with a decision made that denied, ended, or changed their Washington Apple Health coverage.
 - Hearing rules can be found in the Washington Administrative Code (WAC) in chapter 182-526.
 - You have 90 days from the date they receive this letter to request an appeal. Failure to request the appeal within 90 days may result in loss of the right to a hearing.
 - You may not have a right to an appeal if coverage is denied, ends, or changes because of a change in the state or federal law requiring an automatic change adversely affecting all people enrolled in a program in the same way. (RCW 74.09.741).
- Coordinated Legal Education Advice and Referral (CLEAR) may help individuals find free legal assistance if they cannot afford legal advice.
Clients can apply online for help at <http://nwjustice.org/clear-online>; or
 - If under age 60: call CLEAR at 1-888-201-1014; or
 - If age 60 or over: call CLEAR Senior at 1-888-387-7111.

Continued Coverage for Washington Apple Health

- If individuals receiving coverage under Washington Apple Health appeal a decision that ended or changed eligibility for Washington Apple Health they have the right to continued coverage until your hearing process ends. To receive continued coverage during the appeal process, you must ask for an appeal within 10 days of the date at the top of this notice or by the end of the month, whichever is later.
- If the appeal is to challenge the denial of an application for Washington Apple Health, individuals are not entitled to receive coverage while waiting for a hearing. If you receive continued coverage and lose the hearing, they may have to pay the agency back for up to 60 days of the continued benefits.

Hearing Request Process

You may request a hearing by doing one of the following below. The agency will review your case to try to resolve the issue.

- Call Washington Healthplanfinder at 1-800-XXX-XXXX.
- Log in to your health benefits account at www.XXXXXXX.gov and submit an appeal.
- Complete the Appeal/Hearing Request Form and mail to:

Washington Healthplanfinder
< Washington Healthplanfinder Address Placeholder >
< Washington Healthplanfinder Address Placeholder >

Appeal Rights & Deadlines

State of Washington
Health Benefit Exchange

Appeal/Hearing Request Form

Completing this form is not a requirement before requesting a hearing/appeal, but it may help us resolve issues more quickly. Complete and mail this form to:

Washington Healthplanfinder

< Washington Healthplanfinder Address Placeholder >

< Washington Healthplanfinder Address Placeholder >

You may also log in to your health benefits account at < Washington Healthplanfinder Website Placeholder > to submit your hearing/appeal. If you have a question on the hearing/appeal process, call Washington Healthplanfinder at < Washington Healthplanfinder Phone Number Placeholder >.

Name: _____ Client/APTC ID: _____

Address: _____

Phone number: _____

Email: _____

Do you need help speaking, reading or writing English? ☐ No ☐ Yes:

What language? _____

Check the boxes that best describes the reasons you are appealing.

<input type="checkbox"/>	[APTC] was incorrectly denied or terminated.
<input type="checkbox"/>	The amount of my premium for [APTC] is not correct.
<input type="checkbox"/>	Washington Apple Health has been denied or terminated.
<input type="checkbox"/>	The immigration/citizenship status of a household member is not correct.
<input type="checkbox"/>	The members included in my household are not correct.
<input type="checkbox"/>	The amount and/or type of income that was used to determine my eligibility is not correct.
<input type="checkbox"/>	The overpayment that was established is not correct.
<input type="checkbox"/>	Other reasons or additional comments- Please explain:

☐ Check this box if someone is going to help you with the hearing/appeal or represent you during the hearing/appeals process. This can be an attorney, friend or family member. Provide this person's contact information:

Name: _____ Phone: _____

Address: _____

Email: _____

Notice of Privacy Practices

State of Washington
Health Benefit Exchange

Notice of Privacy Practices

EFFECTIVE JANUARY 1, 2014

THE LAW REQUIRES HEALTH CARE AUTHORITY (HCA) AND WASHINGTON HEALTHPLANFINDER TO NOTIFY YOU OF YOUR PRIVACY RIGHTS. THIS NOTICE DOES NOT AFFECT YOUR ELIGIBILITY FOR HEALTHCARE COVERAGE.

This notice describes how medical and other confidential information about you may be used and disclosed and how you can see this information. Please review it carefully.

What confidential information do we have about you?

We collect personal information about you in a number of ways. For example, we might get information from your provider, such as when the provider applies for payment. Or we might get it from you (such as when you apply for health care coverage), send in a claim, call Customer Service, or complain or appeal. This information may be related to your medical care or health, or other information about you. We usually have very little personal information about you. Most of the information we have is information you, or your providers send us so we can pay claims. Most health information is held by your providers.

Who sees my confidential information?

We see only the minimum amount of confidential information we need to do our jobs. We may share information with other programs or persons if allowed by law or permitted by you. For example, confidential information about your health may be given to and used by health care and other providers who take care of you. We may share past, current, or future information.

What information does HCA and Healthplanfinder share?

We only share information about you that is needed by others to do their job. You may ask for a list of places where we have sent your health information.

When does HCA and Healthplanfinder share confidential information?

We keep and share information to coordinate treatment, payment, and agency operations. We may share information to:

- Determine if medical treatment is appropriate.
- Pay for services from health care providers.
- Determine your eligibility for health care services or coverage.
- Evaluate the quality of care you receive from providers.

May I see my information?

You may see information we have about you. If you have records in more than one part of HCA or Healthplanfinder, you need to tell us what records you want to see. If you ask, you will receive a copy. We may charge you for copies of your records.

May I change my records?

If you think the health information in your record is wrong, you may send a written request that we amend or add new information. You may also ask that we send the amendments to others who have received copies of your records.

Notice of Privacy Practices

State of Washington
Health Benefit Exchange

What if someone else needs my confidential information?

You may be asked to sign an authorization form allowing your information to be shared if:

- We need to send information to other places;
- You want us to send information to another agency or provider; or
- You want information sent to another person such as your attorney, a relative or other representative.

Your permission to share your information is effective until the date you put on the authorization form. We can only share the information you list. You may withdraw or change this permission in writing.

May confidential information be shared without my permission?

Yes, there are times when confidential information may be shared without your permission. By law, we are, at times, required or allowed to share confidential information about you, even if you do not give us permission.

Some of these situations are:

- Reporting incidents of child or adult abuse or neglect to the police or other appropriate agencies;
- Providing records when ordered to do so by a court;
- Giving information to other agencies who review our operations;
- Sharing information with government agencies that license and inspect medical facilities, such as nursing homes or hospitals;
- Sharing information needed by service providers or other agencies to determine if you are eligible for services or benefits;
- Giving certain information to parents or guardians of minors; or
- Using information for research purposes.

May I put limits on sharing my information and how I receive it?

You may ask us to limit the use and sharing of your health information but we do not have to agree. You may also ask that we send this information to you in a different format or to a different location.

May I have a copy of this notice?

Yes. This notice is yours to keep. If you received this notice electronically, you may ask for a paper copy and we will provide one for you.

What if privacy practices change?

We reserve the right to change practices in this notice. If the law changes, we will send you a new notice about those changes.

Who do I contact if I have questions about this notice or my rights?

If you have questions about this notice, please ask the person who gave it to you. If you need further assistance, you may call the HCA or Healthplanfinder Privacy Officer at <Healthplanfinder phone number placeholder>.

How do I report a violation of my privacy rights?

If you believe your privacy rights have been violated you can file a complaint with the HCA or Healthplanfinder Privacy Officer by:

- Calling <Washington Healthplanfinder Phone Number Placeholder>;
- Writing to <Washington Healthplanfinder Address Placeholder>; or
- Sending an e-mail through <Washington Healthplanfinder Email Placeholder>.

If you prefer, you may complain to the Secretary, Department of Health and Human Services (DHHS), 2000 Independence Avenue, Washington, D.C. 20201. Any complaints made to DSSH must be made within 180 days of the privacy violation. You will not be retaliated against for filing a complaint.

Renewal w/o Auto-Recertification

- If no data match is available or the self-attested income is not reasonably compatible, then the client is not recertified and must complete the renewal process
- Client is mailed a Renewal Required Notice which includes the system information on file used at the previous eligibility determination

Renewal w/o Auto-Recertification

- Client is advised that the renewal must be completed (online, phone, paper or with a community navigator) before the end of the certification period
- If the renewal is not completed 20 days prior to the end of the certification period then the client is sent a notice of termination
- Once terminated – the client has up to 90 days from the end of the certification to complete the renewal without reapplication

Draft Renewal Required Notice

State of Washington
Health Benefit Exchange

November 1, 2014

John Smith
6677 Capitol Way
Olympia WA, 99999

HOH ID# 123-456-789

Subject –
Washington Apple Health Renewal Action Required

Dear John Smith,

It is time for us to review eligibility for Washington Apple Health. We reviewed your case to see if we could automatically renew Washington Apple Health. We are unable to renew Washington Apple Health for your household using current income information that we have and **you need to take action to keep your health insurance**.

Please review the attached insert that lists the information we have about your household. Complete your renewal for Washington Apple Health by doing one of the following:

- Go online through the < Washington Healthplanfinder Placeholder>;
- Call < Washington Healthplanfinder Phone Number Placeholder >; or
- Make changes on the attached insert, sign, and mail or fax to:
< Washington Healthplanfinder Mailing Address Placeholder >
< Washington Healthplanfinder Fax Placeholder>

Draft Renewal Required Notice

Your failure to renew may cause a gap in your coverage. If you do not complete your renewal by November 30, 2014, Washington Apple Health coverage will end December 31, 2014 for individuals listed on the insert.

Appeal Rights

If you disagree with the decisions above you have the right to appeal. See the attached information about your appeal rights. There are deadlines to appeal so you should act quickly.

How to Contact Washington Healthplanfinder

Contact us if you have any questions about this letter. Let us know if you need help applying for or accessing your health insurance due to a disability. You can contact us in any of the following ways:

- Online at Washington Healthplanfinder ; |
- By calling < Washington Healthplanfinder Phone Number Placeholder and TTY Number Placeholder>;
- By Fax < Washington Healthplanfinder Fax Number Placeholder>;
- By mail at < Washington Healthplanfinder Mailing Address Placeholder >;
- By email @ < Washington Healthplanfinder email placeholder>;
- By calling <Navigator number Placeholder> to find a navigator in your area for assistance; or
- You can drop off an application, renewal form, or any other documents requested by Washington Healthplanfinder at a local Community Service Office. To locate the nearest Community Service Office, call the Washington Healthplanfinder number above or go online at <http://www.dshs.wa.gov/onlinecso/findservice.shtml>.

Sincerely,

Washington Healthplanfinder

Draft Renewal Required Documents

- Draft Renewal Summary (see slide 11)
- Draft Appeal Rights & Deadlines (see slide 20)
 - Continued Coverage
 - Hearing Request Process
 - Appeal/Hearing Request Form

Draft Renewal WAC

WAC 182-504-0035

Washington Apple Health Renewals

1. Individuals whose eligibility is determined based on Modified Adjusted Gross Income (MAGI) methodology per WAC 182-509-0305, are required to complete a renewal of eligibility at least every 12 months.
2. Renewals may be completed on-line, by phone or mailed or faxed to the Agency. An in-person interview is not required to complete a renewal for all Washington Apple Health programs.
3. If self-attested income is reasonably compatible per WAC 182- with sources in WAC 182-503-0050, and the household remains eligible for Washington Apple Health, the agency will administratively renew coverage for a new certification period. Individuals are required to inform the agency if any of the information the agency relied on is inaccurate per WAC 182-504.
4. If Washington Apple Health is renewed, the agency determines the certification period according to WAC182-504.]
5. If the agency is unable to complete an administrative renewal, then a signed renewal is needed to determine continued eligibility.
6. The agency includes all eligibility factors during the renewal process including:
 - a. Changes since the last determination of eligibility; and
 - b. Changes anticipated for the current renewal period.
7. Individuals who are no longer eligible for Washington Apple Health after completing a renewal are redetermined for other health care programs as described in WAC 182-504-0125.
8. Individuals whose eligibility is based on MAGI methodology and who are terminated for failure to renew have 90 days from termination to complete a renewal without having to reapply.

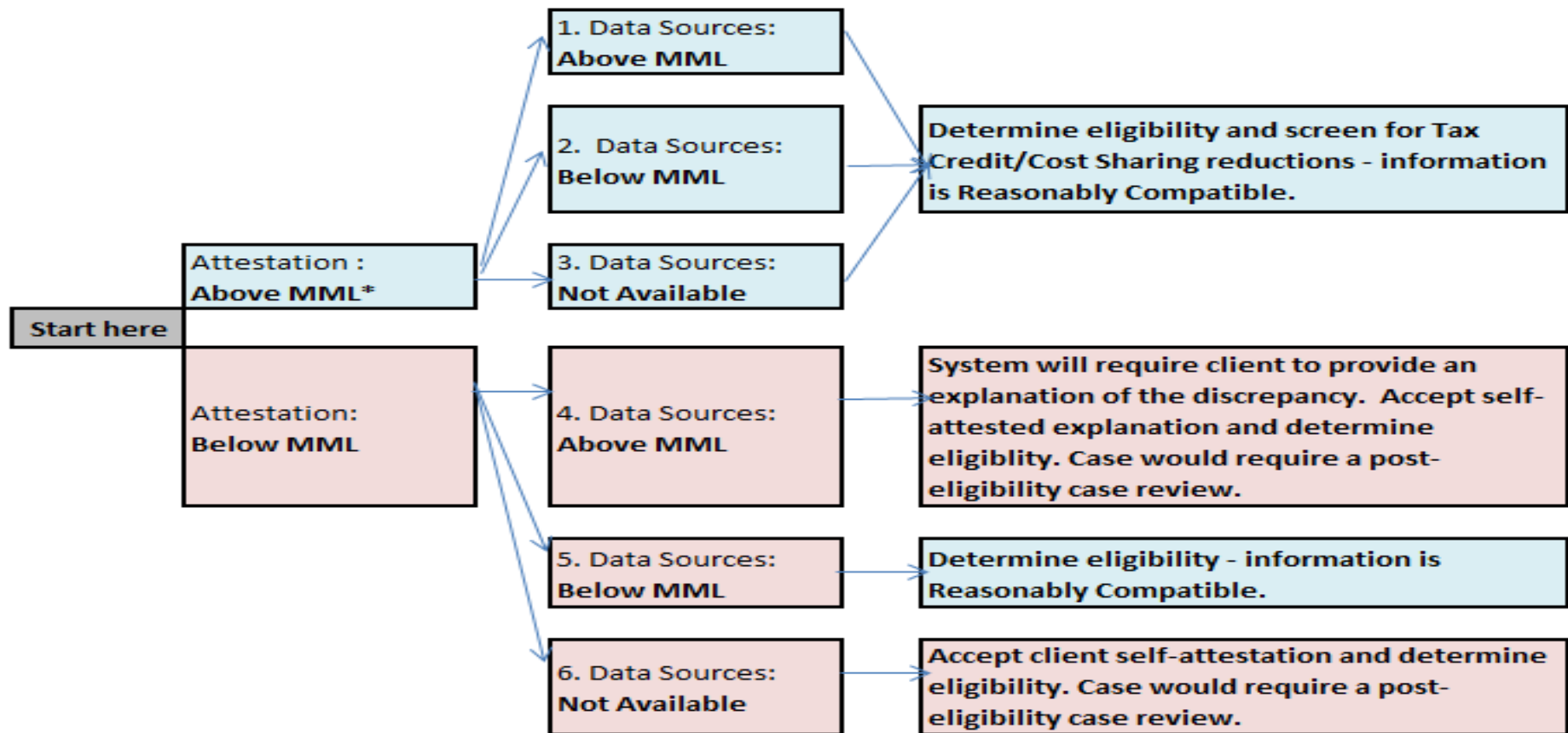
Post-Eligibility Case Reviews

- **Post-Eligibility Review Activities**
- **No Post Review Required**
- **Post Review - No Data Match**
- **Post Review - Outside of Threshold**
- **Scenarios**

Post-Eligibility Case Reviews

- Eligibility determinations will be automated and many will not require a post-eligibility case review
- Post reviews will target cases that:
 - Self-attested income cannot be electronically verified
 - Are not reasonably compatible with electronic data matches

Draft – WA Apple Health Reasonable Compatibility Model



* MML = Maximum Medicaid Level

Post-Eligibility Activities

When eligibility cannot be electronically affirmed – HCA eligibility staff will take the follow steps to resolve the inconsistencies:

- Review additional electronic interfaces (e.g. TALX, ESD)
- Contact client or employer to obtain additional information
- If necessary – send a request for information letter

Post-Eligibility Activities

- While the post-eligibility review is being conducted, the client will remain eligible
- Once the post-eligibility review is completed – staff will take the following action:
 - Eligibility confirmed – no change
 - Eligibility not confirmed – client is:
 - Moved to appropriate MAGI program; or
 - Redetermined for Classic Medicaid; or
 - Referred to Exchange web portal for APTC determination

Post-Eligibility Activities

- When the outcome of a post-eligibility case review is a change in eligibility – the client will receive advanced notice via mail before the change takes place
- No overpayment will be assessed for benefits received unless the client is convicted of fraud
- There is no continuous eligibility when a post-eligibility case review finds that a client was not eligible at the time of application

Post-Eligibility Activities

If the post review finds the client intentionally misrepresented their circumstances in order to qualify for WA Apple Health – the HCA eligibility staff will take the following actions:

- Flag the client file for future eligibility to be pended for a staff review before approval; and
- If appropriate - refer case for a fraud investigation

No Post Review Required Scenario #1

- Mark is a single, childless adult
 - Applies for medical via the Exchange web portal
 - Self-attested income of \$930/mo. (100% FPL)
 - Income confirmed via electronic data match
 - Mark is approved for WA Apple Health coverage (income under 138% FPL)
- No need for a post-eligibility case review
 - Both self-attestation and data match fall under the WA Apple Health standard

Post Review - No Data Match

Scenario #2

- Jane is a single, childless adult
 - Applies for medical via the Exchange web portal
 - Self-attested income of \$1117/mo. (120% FPL)
 - Not able to verify income via data match
 - Jane is approved for WA Apple Health coverage
 - Self-attested income falls under 138% FPL
- Post-eligibility case review is required
 - Case receives a post review and income is verified by TALX and confirmed to fall under income standard to maintain eligibility
 - Jane remains eligible for WA Apple Health

Post Review - Outside of Threshold Scenario #3

- Jones family (3) apply for child, Frankie
 - Self-attested income of \$2943/mo. (185% FPL)
 - Income verified via data match at 210% FPL
 - Frankie is approved for no cost WA Apple Health for kids (self-attested income under 200%FPL)
- Post-eligibility case review initiated
 - Electronic data match was not reasonably compatible with self-attested income and amount exceeds eligibility standard
 - HCA eligibility staff contact the Jones family to verify income and resolve discrepancy

Post Review - Outside of Threshold Scenario #3 (continued)

- Frankie maintains no cost eligibility for WA Apple Health for Kids program during the post-eligibility case review process until a determination is complete
- The post-eligibility case review confirms that the family income is at 210% FPL
- Frankie is now moved from no cost WA Apple Health for Kids program to the low cost WA Apple Health with premium program
- The family will now be required to pay a premium of \$20 each month

Webinar Wrap Up

- Today's presentation shares proposed processes for the implementation of Medicaid Expansion in 2014
- All documents shared are in DRAFT form
- Requests for copies of draft documents can be sent to medicaidexpansion2014@hca.wa.gov

Medicaid Expansion 2014 Resources

- **HCA Medicaid Expansion 2014 Website**
www.hca.wa.gov/hcr/me
 - Stakeholder Updates
 - Educational Materials
 - Frequently Asked Questions
- **Contact Us**
medicaidexpansion2014@hca.wa.gov